

Margaret Jane Brasure
 Town County

Died at *Bishopville* *Worcester* MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	May	5	83	29	Delaware	House work	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>			White <input checked="" type="checkbox"/> Colored <input type="checkbox"/>		Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>		Widow <input type="checkbox"/> Widower <input type="checkbox"/>
Divorced <input type="checkbox"/>							Number of children living

Husband of *Jacob Brasure*
 Wife

Father's Name *Mitchell Hill* Mother's Maiden Name *Sophiah*

Cause of Death	Primary	<i>old age and peralyses</i>	<i>154</i>	How long sick	<i>3 weeks</i>
	Immediate	<i>No</i>		Accident, Suicide, Homicide	

Reported by *Jacob Townsend* *Dorothy Bayne*
 Address *Bishopville Md* *Bishopville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>29</i>	Age	Years	Months <i>1</i>
Sex <i>Girl</i>	Color <i>Columb.</i>		Birth-place <i>Pocomoke City</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>Belva Cropper</i>					
Father's Name <i>Levi Cropper</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Belva Williams</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Levi Cropper</i>			How related to deceased <i>Father</i>		

Pocomoke City -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lie/E my sense 13m</i>	How long <i>1 month</i>
Immediate <i>Dust - 13m</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address
Accident or Suicide?	



Name
in
Full

Richard J Dixon

CERTIFICATE OF DEATH

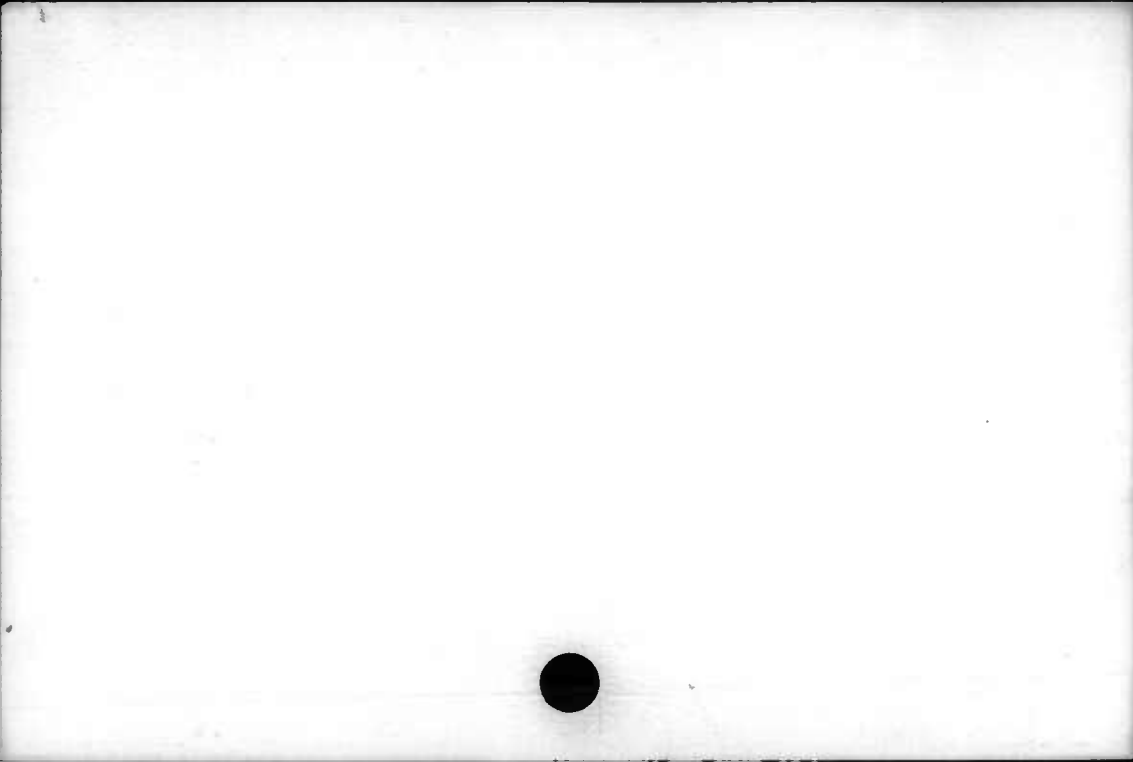
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke city		County Worcester		MARYLAND	
Date of death 1903	Month May	Day 25	Age 79	Years	Months 3	Days	
Sex Male	Color or Race White		Birth- place Frederick Co				
Married, Single widowed			Occupation Miller				
Name of Wife or Husband			Eliza C				
Father's Name			James Dixon		Father's Birthplace " "		
Mother's Maiden Name			Sophia Carter		Mother's Birthplace " "		
Name of person giving In formation			J. P. Carey		How related to deceased Son in Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Legionnaire	How long	Two months
Immediate	exhaustion	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Sage & Quinn	
		Address Pocomoke city, Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

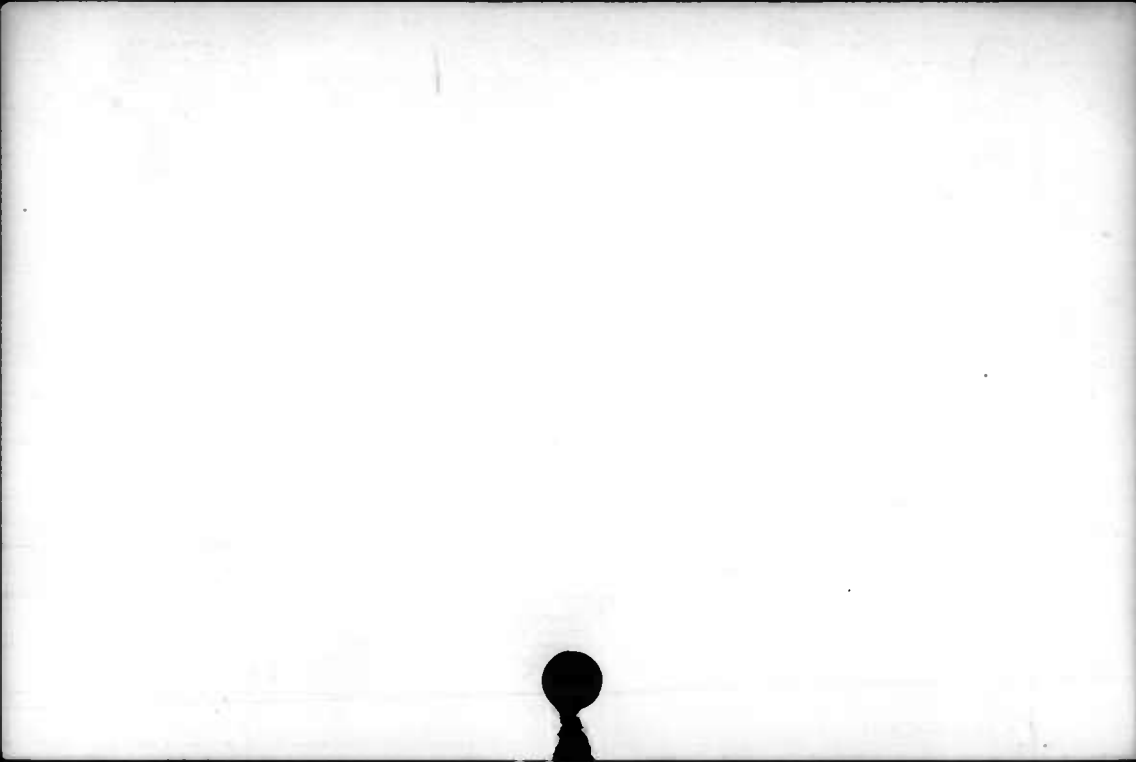
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>James Guthrey</u>		Town <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Died at <u>Snow Hill</u>		Month <u>May</u>		Day <u>10</u>		Years <u>8</u>	
Date of death 190 <u>3</u>		Months <u>—</u>		Days <u>—</u>			
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>married</u>		Occupation <u>farmer</u>					
Name of Wife or <u>Wife</u> <u>Sallie Guthrey</u>							
Father's Name <u>—</u>		Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>					
Name of person giving information <u>William Guthrey</u>		How related to deceased <u>son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer</u>	How long <u>3 yrs</u>
Immediate <u>Heart failure</u>	How long <u>4 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>no physician</u>
<u>W. T. Hearns F. D.</u>	Address <u>Snow Hill Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

Henry W Holloway

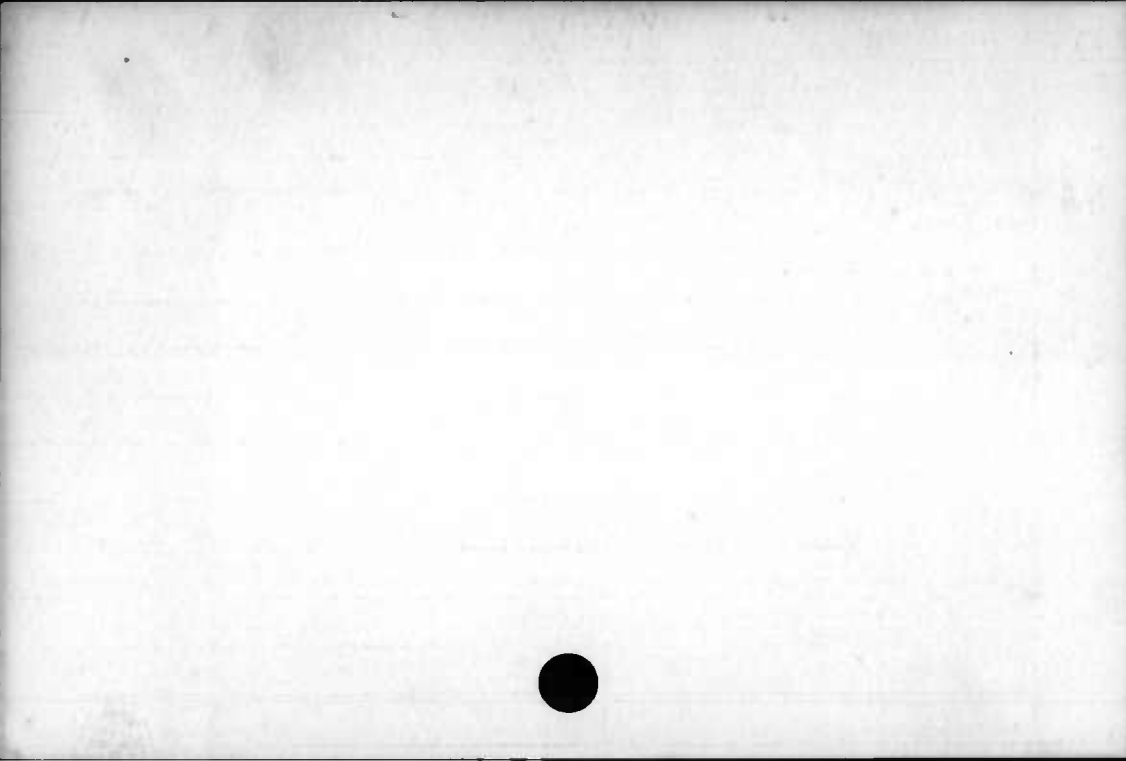
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Newark</i>			County <i>Worcester</i>			MARYLAND	
Date of death 190 <i>3</i>		Month <i>5</i>	Day <i>2</i>	Age Years <i>73</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester</i>			
Married, Single or Widowed <i>Widower</i>			Occupation <i>farmer</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>J E Wise Jr</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>—</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>154</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Christopher C. Lloyd

Town

County

MARYLAND

Died at

Pocomoke City

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

5

3

Age

71

1

24

Md

Bruggist

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Five

Husband of

Wife

Father's
Name

Robt. G. Lloyd

Mother's
Maiden Name

Mary Ruth

Cause of

Primary

Pernicious Progressive Anemia

How long sick

6-7 Mos.

Death

Immediate

Asthma

54

~~Accident, Suicide, Homicide~~

Reported by

J. St. King

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amanda E. Mason Long

CERTIFICATE OF DEATH

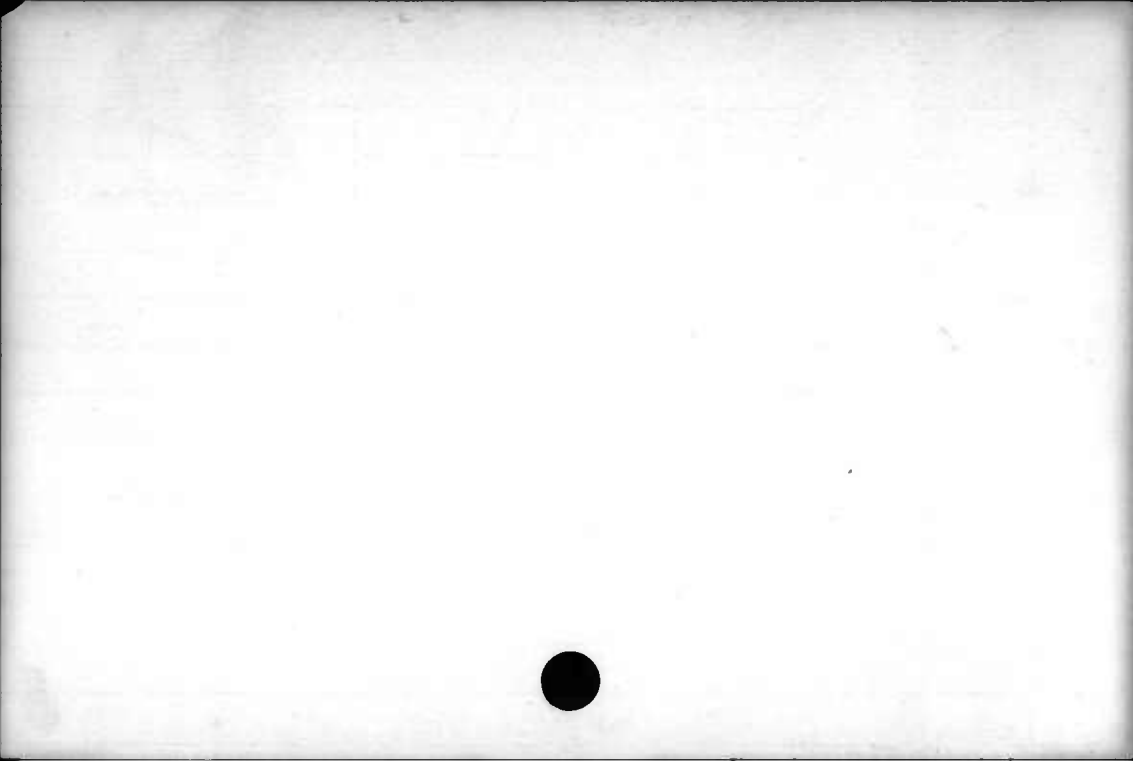
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND					
Date of death 1903		Month 5		Day 9		Years 24		Months —		Days —	
Sex female		Color or Race white		Birth- place Worcester Co							
Married, Single or Widowed		married		Occupation Housewife							
Name of Wife or Husband		Rufus Long									
Father's Name		Jno Mason				Father's Birthplace		Worcester Co			
Mother's Maiden Name		Priscilla Brittingham				Mother's Birthplace		Worcester Co			
Name of person giving Information		H				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Puerperal Eclampsia		138		How long few hours	
Immediate		coma				How long few hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. N. Willis	
				Address		Pocomoke City	
Accident or Suicide?							



Name In Full

Certificate of Death

Julia T Marshall

Died at ^{Town} Pocomoke City ^{County} Worcester

MARYLAND

Date 1903 ^{Month} May ^{Day} 25 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living one

~~Wife~~ of Albert G Marshall

Father's Name Ritchie Fooks Mother's Elza Broughton

Maiden Name

Cause of ^{Primary} Bright's Disease of Kidney ^{How long sick} 5 months

Death ^{Immediate} Dropsy & Heart weakness ^{Accident, Suicide, Homicide}

Reported by Raac T Boston 120

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7986A



Name in Full

Certificate of Death

Sadie Merrill

Town

County

Died at

Pocomoke Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5

14

Age 14

8

Pocomoke

Schoolgirl

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Edward Merrill

Mother's

Maiden Name

Almira Pilchard

Cause of

Primary

Tuberculosis

How long sick

1 yr

Death

Immediate

Dyspnoea & Exhaustion

Accident, Suicide, Homicide

Reported by

H. N. Wilkie

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rosa Merrick

Town

County

Died at

MARYLAND

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

May 17

Age 18 6

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Henry Duncan

Annie Merrick

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Annie Merrick

Address

Pocomoke City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908



Elsey Mills

Died at ^{Town} Pocornoke City ^{County} Worcester MARYLAND

Date 1903 May 9 Age 2 Native of Maryland Occupation —
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Disposed~~ ~~Number of children living~~

Husband of

Wife

Father's Name Jas. H. Mills

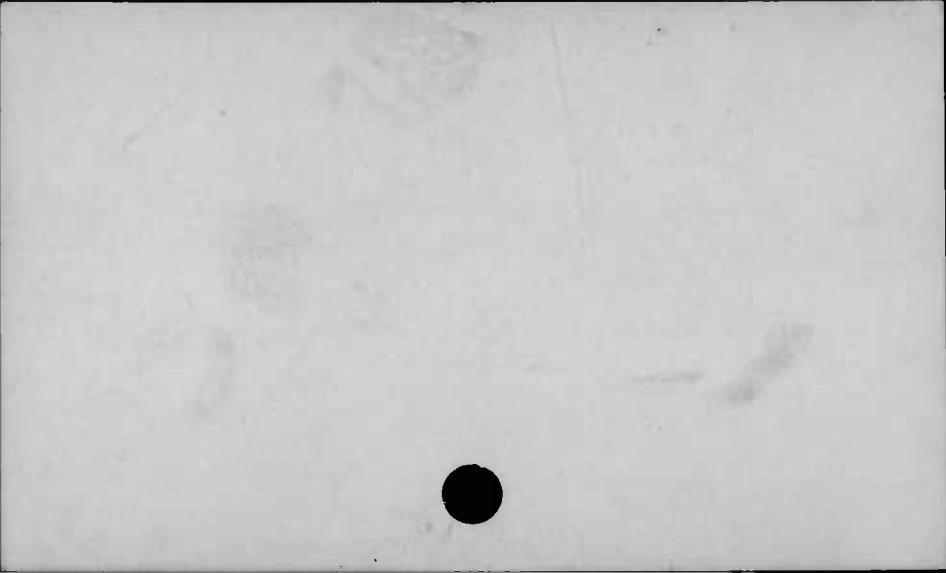
Mother's Maiden Name Annie Gier

Cause of Death { Primary Sick from birth 151 How long sick
 Immediate Disease unknown Accident, Suicide, Homicide

Reported by Father of child to J. J. Coates M.D.

Address Pocornoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Worcester Co. Md.



Name
in Full

CERTIFICATE OF DEATH

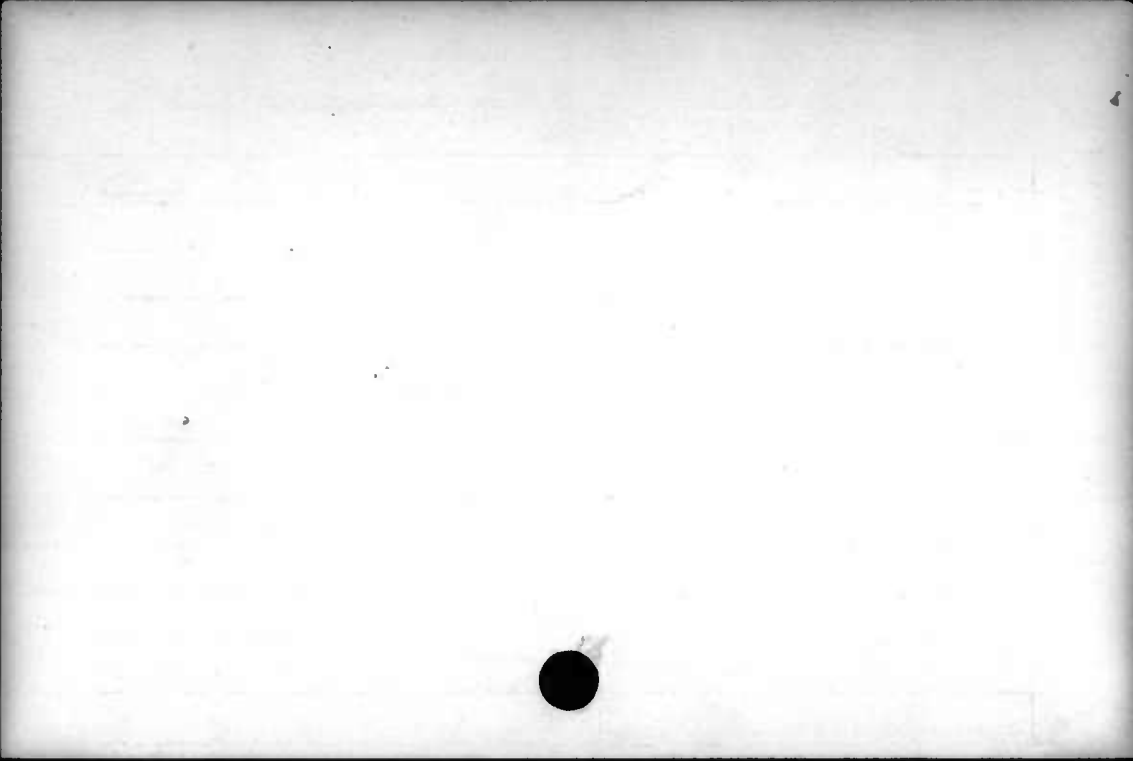
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>10th</i>	Age <i>75-</i>	Years	Months <i>2</i>	Days <i>23</i>			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>							
Married, Single or Widowed <i>Widow</i>				Occupation <i>none</i>					
Name of Wife or Husband <i>Wm. W. Morgan</i>									
Father's Name <i>Samuel Messick</i>				Father's Birthplace					
Mother's Maiden Name <i>Elizabeth Messick</i>				Mother's Birthplace					
Name of person giving information <i>Wm. W. Morgan</i>				How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>66</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. D. Strong M.D.</i>
<i>Yes.</i>		Address <i>Snow Hill, Md.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

James Payne
 Town Kees Grange County Worcester MARYLAND

Died at
 Date 1903 May 19
 Age 45-3-10
 Native of Maryland
 Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower
 Number of children living 2

Husband of Annie Payne
 Wife
 Father's Name Littleton Payne Mother's Name Hettie March
 Maiden Name

Cause of Death
 Primary Typhoid Fever
 Immediate Dilatation of the Heart
 How long sick About 2 Weeks.
 Accident, Suicide, Homicide

Reported by C. H. Bennett

Address Andover Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Miss Isaac Powell

CERTIFICATE OF DEATH

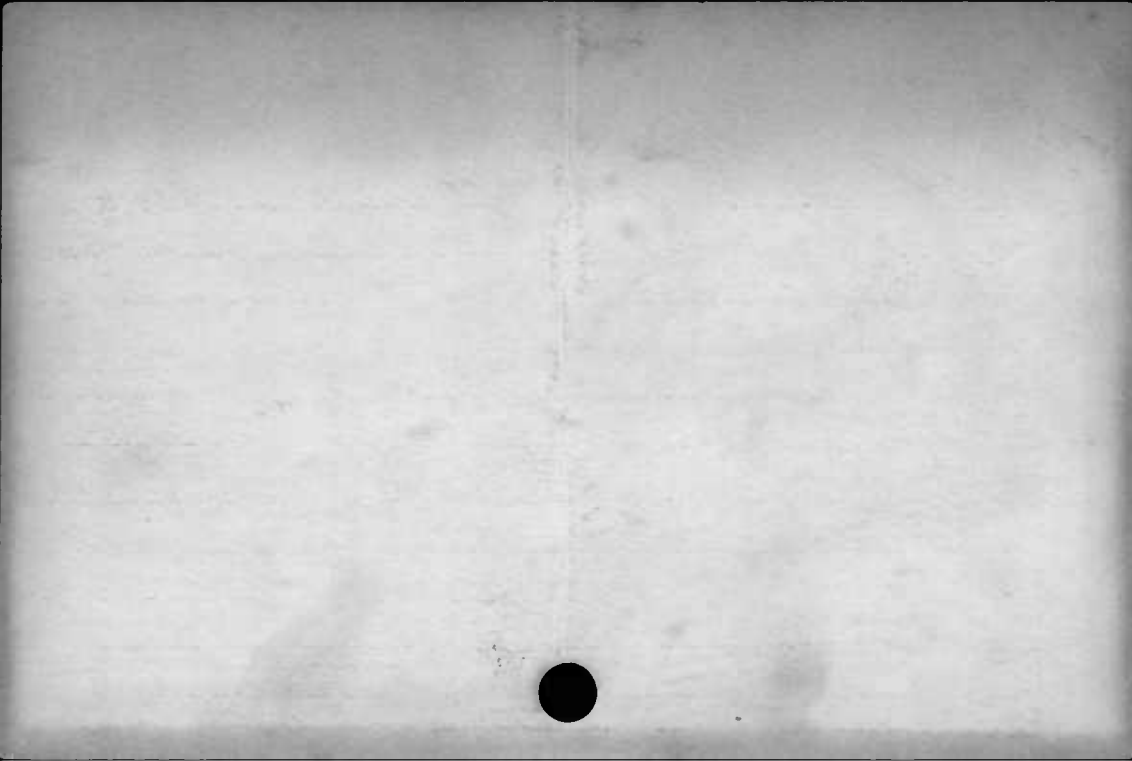
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ocean City		County Anne Arundel		MARYLAND					
Date of death 1903		Month 5		Day 22		Years 23		Months +		Days +	
Sex Female				Color or Race White				Birth- place Newark Md			
Married, Single or Widowed Married				Occupation House wife							
Name of Wife or Husband Capt William R. S. Powell											
Father's Name Reverend Dennis				Father's Birthplace Newark Md							
Mother's Maiden Name Philips				Mother's Birthplace +							
Name of person giving Information Dr E J Dickinson				How related to deceased +							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sarcoma 45		How long 3 Years	
Immediate Sarcoma of lungs		How long 3 months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E J Dickinson M D	
		Address Berlin Md	
Accident or Suicide? +			



Laura Maudy Taylor

Died at ^{Town} Stockton ^{County} Worcester MARYLAND

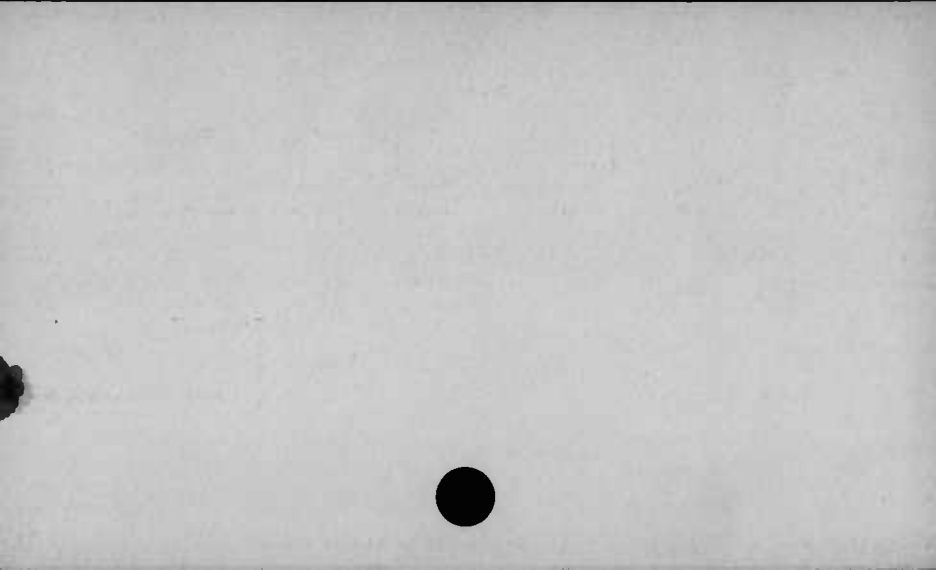
Date 19 13 May 17 Age 0 3 0 Native of Ind Occupation —

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of William J Taylor
 Wife —
 Father's Name William J Taylor Mother's Name Hettie Jackson

Cause of Death { Primary Broncho-Pneumonia How long sick 15 days
 Immediate Asthenia gov Accident, Suicide, Homicide

Reported by John D DickersonAddress Stockton Worcester Co



Name in Full

Certificate of Death

Alfred Whittington

Town

County

Died at

Pocomoke City

Worcester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 22

Age

76

Maryland Justice of Peace

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband

of

Rose Whittington

~~Wife~~

Father's

Name

John Whittington

Mother's

Maiden Name

Elizabeth Milbourn

Cause of

Primary

Debility from Age

How long sick

3 hours

Death

Immediate

Paralysis

15 + 66

Accident, Suicide, Homicide

Reported by

J J Coaster

Address

Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72228



Name In Full

Certificate of Death

Emma Williams (Williams)
 Town County
 Died at Campbell Town Worcester MARYLAND
 Date 1903 Mar 1st Y. M. D. Age 42 Native of Maryland Occupation housework
 Male White Married Widowed
 Female Colored Single Widowed Number of children living 2

Husband of James Williams
 Wife of Jacob Powell
 Father's Name Mother's Maiden Name Elizabeth Smack
 Cause of Primary Consumption How long sick 3 months
 Death Immediate No Accident, Suicide, Homicide

Reported by Painter Watson
 Address Selbyville Del Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

